FILED 7-31-2008 JUL 8 1 2008

10/10/2007

UNITED STATES DISTRICT COURT FOR THE NORTHERN DISTRICT OF ILLINOIS

MICHAEL W. DOBBINS CLERK, U. S. DISTRICT COURT

XNo

IN FORMA PAUPERIS APPLICATION AND

FINANCIAL AFFIDAVIT Wherever □ is included, please place an X into whichever box applies. Wherever the answer to any question requires more information than the space that is provided, attach one or more pages that refer to each such question number and provide the additional information. Please PRINT: _, declare that I am the Deplaintiff □petitioner □movant (other) in the above-entitled case. This affidavit constitutes my application 🗆 to proceed without full prepayment of fees, or \square in support of my motion for appointment of counsel, or \square both. I also declare that I am unable to pay the costs of these proceedings, and that I am entitled to the relief sought in the complaint/petition/motion/appeal. In support of this petition/application/motion/appeal, I answer the following questions under penalty of perjury: (If "No," go to Question 2) 1. Are you currently incarcerated? □Yes **X**INo Name of prison or jail: Do you receive any payment from the institution? \(\subseteq \text{Yes} \) \(\subseteq \text{No} \) 2. Are you currently employed? Name and address of employer: If the answer is "No": a. Date of last employment: Monthly salary or wages: Name and address of last employer: Are you married? □Yes Spouse's monthly salary or wages: Name and address of employer: 3. Apart from your income stated above in response to Question 2, in the past twelve months have you

or anyone else living at the same residence received more than \$200 from any of the following sources? Mark an X in either "Yes" or "No", and then check all boxes that apply in each category.

Received by

Salary or wages

Amount

b. Amo	unt		ner self-employmen ived by		IYes	/ <u>@</u> K
c. Amoi		ts, D interest or D		<u> </u>	IYes	B 1
d.	☐ Pensions, ☐ s compensation, ☐	social security, unemployment, [l annuities, □ life i □ welfare, □ alimor	ıy or mainten	ance or 🗆 c	hild sup
Amo	unt	A Recei	ived by	<u></u>	TYes /	
e. Amo	☐ Gifts or ☐ inlunt	17 7/12	ed by		Yes	A KIN
f. Amo		rces (state source:	ved by		TYes	A KIN
savii	you or anyone else ings accounts? hose name held;	living at the same	residence have mo INo Relationship	Total amou		checkin
finar Prop	you or anyone else ncial instruments? perty: hose name held;	living at the sam	e residence own arCurrent ValueRelationship	:	nds, securit □Yes	ties or o
cond Addi Typa In w Amo	you or anyone else dominiums, coopera ress of property: e of property: hose name held: ount of monthly more of person making p	tgage or loan paym	ree-flats, etc.)? Current value: Relationship to	you:	□Yes	apartme
	you or anyone else l		residence own any, with a current mark	ket value of	nore than \$	
home Prop	perty: Chevy	12001	ventuics	/an	□Yes	· 111
Prop Curr In wi	· • 1	7	Relationshi	p to you:	1145	el F

I declare under penalty of perjury that the above information is true and corre	et. I understand that pursuant
to 28 U.S.C. § 1915(e)(2)(A), the court shall dismiss this case at any time if	the court determines that my
allegation of poverty is untrue.	

Date: 7-31-08

Signature of Applicant

(Print Name)

NOTICE TO PRISONERS: A prisoner must also attach a statement certified by the appropriate institutional officer or officers showing all receipts, expenditures and balances during the last six months in the prisoner's prison or jail trust fund accounts. Because the law requires information as to such accounts covering a full six months before you have filed your lawsuit, you must attach a sheet covering transactions in your own account--prepared by each institution where you have been in custody during that six-month period--and you must also have the Certificate below completed by an authorized officer at each institution.

CERTIFICATE (Incarcerated applicants only) (To be completed by the institution of incarceration)

I certify that the applicant named her	ein,	, I.D.#		
\$ on account to his/	her credit at (name o	f institution)		
I further certify that the applicant ha	s the following securi	ties to his/her credit:	I furthe	
certify that during the past six mont	hs the applicant's av	erage monthly deposit	was \$	
(Add all deposits from all sources ar	nd then <u>divide</u> by nun	nber of months).		
		·		
DATE	SIGN	SIGNATURE OF AUTHORIZED OFFICER		
	•			
		(Print name)		

rev. 10/10/2007